

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**26076**

**1. PLACE OF DEATH**

35 County Runklin  
Township Holcomb  
City ..... (No. .....)

Registration District No. 284  
Primary Registration District No. 5404

File No. .....  
Registered No. ..... St. ..... Ward .....

**2. FULL NAME**

M. C. Gledsmit

(a) Residence, No. ..... St. ..... Ward .....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1882  
7. AGE YEARS 50 MONTHS 10 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME George Gledsmit

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln

15. MAIDEN NAME Caroline Whitte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Lattie Gledsmit

18. BURIAL, CREMATION, OR REMOVAL .....  
PLACE Pin City DATE Aug 17, 1933

19. UNDERTAKER (ADDRESS) W. H. J. J. J.

20. FILED 9-10-33 REGISTRAR J. J. J.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1933

22. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19.....

last saw h. ..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Phlebotomy Date of onset .....

50

51

Other contributory causes of importance: .....

.....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) J. J. J. M. D. .....

(Address) Pin City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

SEP 28 1933

